

07/26/01  
jc986 U.S. PTO

07-27-01

A

Atty. Dkt. No. 070191/320 (30-CD-6181)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Surwillo, et al.

Title: A MEDICAL TESTING SYSTEM  
WITH AN ILLUMINATING  
COMPONENT AND AUTOMATIC  
SHUT-OFF

Appl. No.:

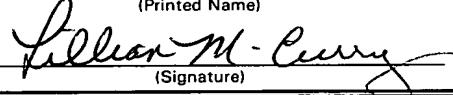
Filing Date:

Examiner:

Art Unit:

**CERTIFICATE OF EXPRESS MAILING**  
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, Box NEW PATENT APPLICATION, Washington, D.C. 20231.

EL843898225US July 26, 2001  
(Express Mail Label Number) (Date of Deposit)

Lillian M. Curry  
(Printed Name)  
  
(Signature)

**UTILITY PATENT APPLICATION**  
**TRANSMITTAL**

Commissioner for Patents  
**Box NEW PATENT APPLICATION**  
Washington, D.C. 20231

Dear Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

John M. Surwillo  
Patricia J. Mikula  
Gary J. Secora  
Glenn Stern

Enclosed are:

- Specification, Claim(s), and Abstract (17 pages, plus cover sheet).
- Formal drawings (6 sheets, Figures 1-6).
- Unexecuted Declaration and Power of Attorney (4 pages).
- Executed Assignment of the invention to GE Medical Systems Information Technologies, Inc. (\_\_\_\_ pages).
- Assignment Recordation Cover Sheet (1 page).
- Information Disclosure Statement.
- Form PTO-1449 with copies of \_\_\_\_ listed reference(s).

The filing fee is calculated below:

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	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$710.00	\$710.00
Total Claims:	24	20	4	x \$18.00	\$72.00
Independents:	5	3	2	x \$80.00	\$160.00
If any Multiple Dependent Claim(s) present:				+ \$270.00	\$0.00
				SUBTOTAL:	\$942.00
[ ]	Small Entity Fees Apply (subtract 1/2 of above):				\$0.00
				TOTAL FILING FEE:	\$942.00

Please charge Deposit Account No. 07-0845 in the amount of \$942.00 to cover the filing fee.

Please charge Deposit Account No. 07-0845 in the amount of \$ to cover the Assignment recordation fee.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 07-0845.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 7/26/01

By Neal D. Marcus

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